



MONTHLY VERIFIED REPORT - COSMETOLOGY SCHOOL

State Form 43716 (R2 / 7-99)

820 IAC 4-1-10 (due 15th of each month)

Indiana Professional Licensing Agency
302 West Washington Street, Room E034
Indianapolis, IN 46204-2246
Telephone: (317) 232-2980

		Date of filing (<i>month, day, year</i>)	School license number
Name of school			
Street address			
City		State	ZIP code
Telephone number		Name of owner	
If corporation, list officer's names			

[illegible]

NOTARY CERTIFICATE (Attested)		
STATE OF _____ COUNTY OF _____ } SS:		
I, _____, being duly sworn on oath, do state that the above statements are true to the best of my knowledge. Subscribed and sworn to before me on this _____ day of _____, _____.		
Signature of School Manager	Signature of Notary Public	
Printed or typed name of School Manager	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

FOR OFFICE USE ONLY	
Initials of data processor	Date (month, day, year)